

REQUEST FOR TEMPORARY HANDICAPPED PARKING PERMIT

TEMPORARY HANDICAP PARKING PERMITS ARE FOR USE AT MARSHALL SPACE FLIGHT CENTER ONLY

Requesters Name:		Request Date:	
Building Number:	Room Number:		Organization Code:
Office Phone:		Fax:	
Vehicle Tag Number:		State:	
Requested Parking Area(s):			
Justification For Temporary Handicapped Parking Permit (attach physician's statement including number of days temporary parking permit is required):			
Expiration Date of Permit: _____ (not to exceed 90 days from the date of issuance)			
Statement of Compliance: I understand that by signing this form I am certifying that I meet the criteria necessary to receive a temporary parking permit issued by NASA Marshall Space Flight Center. Signature of Applicant: _____			
APPROVAL			
Name of Supervisor:			
Signature of Issuer: (Disability Program Manager)		Date:	